

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

700171

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3							53					
4							54					
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46							96					
47							97					
48							98					
49							99					
50							100					
OTA VD.	1						TOTAL IND.					
OTA EP.		1					TOTAL DEP.					
OTA LAIN.	2						TOTAL CLAIMS					